



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Robert J. Henderson, M.D. 1261 Record Crossing Rd. Dallas, TX 75235-6001	MFDR Tracking #:	M4-07-6336-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: American Home Assurance Co Box #: 19	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary, taken from the Table of Disputed Services states in part, "Item is not global per CMS & CCI documents attached."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$185.00
3. CMS 1500(s)
4. EOB(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...The bill was reduced because of an improper unbundling of the billed service..."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Code(s) and Calculations	Part V Reference	Amount in Dispute	Ordered Amount
2/19/07	77003-26 (\$27.88 x 125%)	1-4	\$185.00	\$34.85
Total Due:				\$34.85

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, sets out the reimbursement guidelines.

1. This dispute relates to CPT code 77003 and Respondent's denial based upon denial reasons:
 - "97 – Payment is included in the allowance for another service/procedure.
 - 172 – Payment is adjusted when performed/billed by a provider of this specialty."

Abstract

2. Per review of Box 32 on CMS-1500, Zip Code 75235 is located in Dallas County. The maximum reimbursement amount, under Rule 134.202(b), is determined by locality.
3. The Requestor is an M.D., and is therefore eligible to perform the services rendered.
4. Per Rule 134.202(b), CPT code 77003 is not bundled to any other code billed on the same day; therefore, reimbursement is recommended.

A Legal & Compliance referral will be made.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §413.031 and §413.0311
28 Texas Administrative Code Sec. §134.1, §134.202
Subchapter G, Chapter 2001, Texas Government Code

PART VII: DIVISION DECISION AND/OR ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, section §413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$34.85 plus applicable accrued interest per Division Rule 134.130 due within 30 days of receipt of this Order.

ORDER:



Authorized Signature



Medical Fee Dispute Resolution Officer

09/17/07

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

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